

APPLICATION  
CITY OF ANGELS  
PLANNING COMMISSION APPOINTMENT

Name:\_\_\_\_\_

Address:\_\_\_\_\_

Phone Number:\_\_\_\_\_Registered Voter?\_\_\_\_Yes\_\_\_\_No\_\_\_\_

Years of residency in Angels Camp?\_\_\_\_\_

What experience, knowledge and insight can you provide to the  
Commission?\_\_\_\_\_

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What three things do you believe the City is doing well? What three areas  
does the City need to most  
improve?\_\_\_\_\_

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